



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

046  
07 MAR 30 A10:46 HAWA

STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

### PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
<del>Robert</del> Ogawa	Robert	T.	521-4265
MAILING ADDRESS (Street)			FAX
1188 Bishop Street, Suite 3105			545-8369
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

### PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
Hawaii Association of Nurse Anesthetists	808 372-1745	
MAILING ADDRESS (Street)	FAX	
98-1277 Kaahumanu Street PP218		
(City)	(State)	(Zip Code)
AIEA	HI	96701
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Nathaniel M. Apatov	808-372-1745	
MAILING ADDRESS (Street)	FAX	
762 Kumukahi Place		
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96825

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Agriculture                              | <input type="checkbox"/> Education                      | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities        | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input type="checkbox"/> Consumer Protection & Commerce           | <input type="checkbox"/> Hawaiian Affairs               | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation     | <input checked="" type="checkbox"/> Health              | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        | _____   |

**PART IV CERTIFICATION OF LOBBYIST**

*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

\_\_\_\_\_  
(Signature of Lobbyist)

3/29/07  
(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Nathaniel M. Apatov	President

NAME OF ORGANIZATION (if applicable)

Hawaii Association of Nurse Anesthetists

TELEPHONE

808-372-1745

MAILING ADDRESS (Street)

98-1277 Kaahumanu Street PP218

FAX

(City)

Aeia

(State)

HI

(Zip Code)

96701

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*

\_\_\_\_\_  
(Signature of Authorizing Officer or Person Represented)

2 MAR 07  
(Date)